							Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10	16.	961	153
		CLAIMS AS	S FILED - (Column		umn 2)		SMALL ENTITY TYPE				OTHER THAN SMALL ENTITY	
TC	OTAL CLAIMS		2	91			F	RATE	FEE	7	RATE	FEE
FO)R		NUMBER	FILED	NUME	BER EXTRA	ва	SIC FEE	E 385.00	OR	BASIC FEE	770.00
то	OTAL CHARGEA	ABLE CLAIMS	29 min	nus 20=	*	G	×	(\$ 9 =		OR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	11.2
INC	DEPENDENT CL	LAIMS	12 m			* 6		X43=		OR	Y00	1000
MU	ILTIPLE DEPEN	NDENT CLAIM PI	REŞENT				+	145=		OR		
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	column 2	<u> </u>	OTAL		OR		937
	С	LAIMS AS A	MENDEC) - PAR					<u>L</u>	. L	OTHER	
	-	(Column 1)	-	(Colum		(Column 3)	SM	IALL	ENTITY	OR	SMALL	*
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	×	43=		OR	X86=	
_	FIRST PHESE	ENTATION OF MU	JLTIPLE DEF	2ENDEN I	CLAIM		+1	45=		OR	+290=	
								TOTAL		1, 1	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)	Αυυι	IT. FEE		1 -	ADDII. FEE.	
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	§ 9=		OR	X\$18=	
۶ŀ	Ind pendent	*	Minus	***		=	X	43=		OR	X86=	ĺ
	FIRST PHESE	NTATION OF MU	ILTIPLE DEF	ENDEN	CLAIM		+1	45=		OR	+290=	
							<u></u>	TOTAL	\vdash	_	TOTAL	i
		(Column 1)		(Colum	OI	(Column 3)	ADDI	T. FEE (О 1 д	ADDIT. FEE L	·
T	`	CLAIMS		(Colum	EST	(Column 3)			455			1001
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N			Minus	**		=	X\$	9=		OR	X\$18=	
₩ -		L	Minus	***		-	X4	3=		OR	X86=	
	FIRST PHESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		+14	45=		OR	+290=	
* If	the entry in colum	mn 1 is less than the mber Previously Pai	e entry in colur	mn 2, write '	"0" in col	umn 3.	<u> </u>	OTAL			TOTAL	
***	f the "Highest Nun	mber Previously Pai mber Previously Paid iber Previously Paid	aid For" IN THIS	S SPACE is	less than	n 3, enter "3."	ADDIT	_	·	· A	ADDIT. FEE	
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